

MAYOR STEVEN M. FULOP

THE JERSEY CITY DEPT. OF HEALTH & HUMAN SERVICES AND THE DEPARTMENT OF RECREATION





THE CHARLIE HEGAR ICE SKATING RINK

SCHOOL FIELD TRIP RESERVATION FORM

SCHOOL:
ADDRESS:
CITY STATE ZIP:
CONTACT PERSON TITLE:
CONTACT PHONE #:
DATE REQUESTED:
TIME REQUESTED: FROM: TO:
NUMBER OF STUDENTS FOR SESSION:
NUMBER OF ADULTS CHAPERONES PER SESSION:
APPROXIMATE NUMBER OF SKATE RENTALS:

^{*} PLEASE NOTE: A COMPLETE LIST OF SKATERS AND SKATE SIZES WILL BE NEEDED AT LEAST THREE DAYS PRIOR TO SESSION *